

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | Cebal Ce |        | 10-91-01 |
| O.I.P.E. CLASSIFIER       |          | 12     | 10/19    |
| FORMALITY REVIEW          | H.T.     | 1117   | 11/07/01 |
| RESPONSE FORMALITY REVIEW | H.L.     | 1074   | 02-05-02 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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617-02  
1-3-02